

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031790

Registration District No. 87

Primary Registration District No. 4565

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED SEP 12 1963

1. PLACE OF DEATH

a. COUNTY Crawford

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Sullivan

Length of stay in lb  
3 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Crawford

c. CITY OR TOWN Sullivan Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 934 Genevieve

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
934 Genevieve Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Anastasia Stumpf

4. DATE OF DEATH  
Month Day Year  
Sept. 9, 1963

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
7/28/1890

9. AGE (last birthday)  
73 IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Mfn.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
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11. BIRTHPLACE (City and state or country)  
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Patrick Quinn

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Joseph Stumpf Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)  
No

16. SOCIAL SECURITY NO.  
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17. INFORMANT Address  
Joseph Stumpf Sr., Sullivan, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute Cardiac failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary thrombosis

30 minutes

DUE TO (c)

arteriosclerotic heart

4 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/9/63 to 9/9/63 and last saw her alive on 9/9/63  
Death occurred at 3:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
9/12/1963

23c. NAME OF CEMETERY OR CREMATORY  
Resurrection Cem.

23d. LOCATION (City, town, or county)  
St. Louis, Mo.

24. FUNERAL DIRECTOR

ADDRESS

KriegsHauser, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

9-9-63

26. REGISTRAR'S SIGNATURE

William H. Eaton Dep.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 13 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thurmon W. Eaton

Licensed Embalmer No. 5046

P. O. Address Sullivan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.